



ICMA-RC Deferred Compensation Program

Deferral Change Form

Use this form to make changes in the amount of your contribution to your ICMA-RC Deferred Compensation Plan.

2015

Employee Name _____

Employee ID # _____

Employer Plan # **300104** Employer Plan Name **City of Cincinnati** State **OH**

2015 Deferral Limits (Limits are for the calendar year)

Normal Deferral: \$18,000

Age 50 and Over: \$24,000

Pre-Retirement Catch-Up: \$36,000

457 Plan

I authorize my employer to deduct \$ _____ or _____% pre-tax from each pay period as a deferral to my ICMA-RC 457 Deferred Compensation Program account.

This change to be effective on: _____ Next Available Pay OR for paydate ____/____/____.

EMPLOYEE SIGNATURE

DATE

**Change request forms must be received by the Retirement Office by the last Friday of a pay period in order for the change to be effective for that pay period.*

*** Forms should be interoffice mailed to: **Cincinnati Retirement System, City Hall, Room 240.***